

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO.  
**081969723**  
APPLICANT(S)

FILING DATE  
**11-13-98**

CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.
1								51			
2								52			
3								53			
4								54			
5								55			
6								56			
7								57			
8								58			
9								59			
10								60			
11								61			
12								62			
13								63			
14								64			
15								65			
16								66			
17								67			
18								68			
19								69			
20								70			
21								71			
22								72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.								TOTAL IND.			
TOTAL DEP.								TOTAL DEP.			
TOTAL CLAIMS								TOTAL CLAIMS			

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.  
**08/969723**  
APPLICANT(S)

FILING DATE  
**11-13-99**

							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9			/		/		59						
10			/		/		60						
11					/		61						
12					/		62						
13					/		63						
14					/		64						
15					/		65						
16					/		66						
17					/		67						
18					/		68						
19					/		69						
20					/		70						
21					/		71						
22					/		72						
23					/		73						
24					/		74						
25					/		75						
26					/		76						
27					/		77						
28					/		78						
29					/		79						
30					/		80						
31					/		81						
32					/		82						
33					/		83						
34					/		84						
35					/		85						
36					/		86						
37					/		87						
38					/		88						
39					/		89						
40					/		90						
41					/		91						
42					/		92						
43					/		93						
44					/		94						
45					/		95						
46					/		96						
47					/		97						
48					/		98						
49					/		99						
50					/		100						
TOTAL IND.	1		1		4		TOTAL IND.						
TOTAL DEP.	7		1		23		TOTAL DEP.						
TOTAL CLAIMS	8		2		27		TOTAL CLAIMS						